

Home Health Technical Advisory Committee Meeting Minutes

July 22, 2015

Technical Advisory Committee Members present:

Sharon Branham- KHCA
Rebecca Cartright- Executive Director, Baptist Health- KHCA
Billie Dyer- MEPCO Home Health- KHCA

Department for Medicaid Services staff present:

Erin Varble- Division of Community Alternatives, Director's Office
Deborah Simpson- Division of Program Quality and Outcomes
Lynne Flynn- Medicaid Commissioner's Office, Advocacy Liaison
Gregg Stratton- Division of Community Alternatives, HCBS Branch Manager
Bethany Coffey, RN- Division of Community Alternatives, HCBS Branch
Earl Gresham- Division of Community Alternatives, Director's Office

Department for Aging and Independent Living staff present:

Tonia Wells

Managed Care Organization representatives present:

Mary Hieatt- Manager of Health Services- Humana Care Source
Stephanie Jameson- Wellcare
Laura Crowder- Manager PA- Coventry Cares
Jack Bolos- Passport
Peggy Hagan- Anthem

Others Present:

Nan Hanley- Executive Director- KHCA
Pamela Waller- Deloitte
Nikki Martin, RN- HP

The Home Health Technical Advisory Committee met on July 22, 2015 at 11:00 AM. Meeting was chaired by Sharon Branham, KHCA.

- I. Meeting was called to order.
- II. Introductions were made.
 - a. KHCA has new Executive Director- Nan Hanley. nan@khca.net
 - b. Jennifer Thurman Johnson resigned from KHCA.
 - i. Have a new TAC member, Debbie Simon, joining us for the September meeting.
- III. Motion was made to approve minutes from May 27th meeting. Accepted, seconded.
- IV. MWMA Transitions-

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- a. Current waiver is in effect until the end of June with CMS reviewing the waiver submitted.
 - b. Continue to use our MAP 351 and 109 for waiver recerts or new clients
 - c. Error messages when trying to load demographics in MWMA –
 - i. Errors messages are due to transgressions in the basic info. We cannot fix. They have to go to DCBS or Social Security Admin. (SSA) to make sure that the information matches up.
 - ii. Tell providers to continue to contact the Contact Center so the contact center is aware. Then if the call center is unable to fix, provider needs to follow up with DCBS. We are aware of the delay with DCBS responses. We are working with them to attempt to help with this issue.
 - iii. There are two Contact Centers (Pam has contact information for the call centers)
 - iv. KHB
 - v. One focused on MWMA
 - 1. They are retraining and providing extra training to call center.
 - 2. As well as working on a time frame for follow up responses.
 - 3. They are going through all the previous tickets and making sure that they have been resolved. If not they are taking care of them. They have gotten through approximately 50% of the tickets in the last 2 weeks.
 - 4. If resolution has not been found by August 1st, contact the Contact Center back with the original ticket number.
 - 5. Ticket numbers are important to keep up with when dealing with the Contact Center
 - vi. Suggestion was made to create a flow chart to show providers how to troubleshoot error messages.
 - vii. At this time there is not an option for Case Managers to change/add the address in MWMA. Because the information has to sync up. They could use the old address however the information would not be correct.
 - viii. If resolution has not been found by August 1st, contact the Contact Center back with the original ticket number
- V. HCB-
- a. Deadline for transitioning individuals to the MWMA has been extended to Aug. 17th, 2015
 - b. If an individual has a LOC End date on or before Aug. 17th the Case Manager has the option to complete the level of care reassessment and plan of care of assessment through either PRE MW process or using the MWMA. One is paper and one is online.
 - i. If you initiate a level of care reassessment outside the MWMA and that POC outside MWMA when you make changes over the next year you have to also do it out the system because that plan is outside the system.
 - ii. You still have to transition them and use the system for case notes, and othercase management functions. But modifications have to be done outside the system.

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- iii. Tonya would prefer if 351 on paper. Upload a then do the plan of care in the MWMA System.
 - c. Stats as of today: 157 agencies on boarded, 17385 individuals have been transitioned. Case Managers? Est. total population of 24000-25000
 - d. 9909 were enrolled in HCB as June 30th 2015, 6286 are already on board and transitioned
 - e. Send out another email about MWMA with clarifications
 - f. An assessment will be denied if we have an application on patient already by another provider. The system will not tell you if there is already an assessment for patient in the system.
 - i. MWMA system not tell you who the other provider is
 - ii. Concerns were made that providers may start snatching patients and entering an application for them without their permission.
 - iii. They are going to trouble shoot and see if there is a way of setting it up so that the system will provide the name of the provider that filed the application.
 - g. Tasks that say you have a deficiency for June case notes. In order to get the message to go away, agencies are going to have to copy and paste your note in the system, or make a comment in case notes directing to the written note in file.
 - h. If you have issues provide the Contact Center with a screenshot. This will help them to better assist you. Make sure that it has the URL address at the top of the screen shot.
 - i. Most of the providers on the HCB Surveys ended up being listed under category 4, because they either didn't fill out the survey, or more information is required from them. HCB will be sending out new surveys in an attempt to correct the problem.
 - i. Category 4 according to the new federal rules is organizations that have a physical location in such a place that Centers for Medicaid and Medicare have told us that in order for them to stay waiver providers under the new rules they have to under a heightened scrutiny process to document that they are integrating people.
 - j. The goal is to have the list of providers out by the beginning of August
 - k. We talked about early on a training that agencies would have to give to non-medical service provider people. We are developing an attendee care training that will be available in 2016.
- VI. EPSDT-
- a. At this time, Providers need to continue using their ESPDT number, due to a difference in the rates. Eventually everything will switch over to Home Health and the EPSDT will not work.
 - b. The EPSDT number is going away; it was just postponed for a while. There is no set date yet
- VII. Pickle Amendment
- a. Clients were mistakenly placed in the wrong client liability groups. Therefore those who have been identified as being in this group are due the funds back from the provider. The provider will be reimbursed by us.
 - b. If the patient did not pay the liability obviously the Provider does not have to pay the client back the money. However the provider will still be reimbursed, after they

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have sent us a letter in writing advising us that they did not collect to money from the client.

- c. Send them to Mary A. Robertson marya.robertson@ky.gov. She is taking over for Sheila.
- d. Providers have been told they have to pay the patient back before they will receive their reimbursement.
- e. DCBS has been instructed to disregard these payments as income on eligibility.
- f. They attempted to remove the deceased individual's names from the list, but some were missed. She does not think that we have to pay back the deceased estate but she is going to double check on that.
- g. A little under 3000 to start with including deceased. Approx. 1500 have been processed.

VIII. Coventry

- a. Prior Authorizations- Verbals still stand.

IX. Wellcare Taskforce- we don't have to worry about this

X. Erin will send out the New TAC Member information.

XI. Adjourned